

University of Groningen

The development of depression in children and adolescents with ADHD

Roy, Arunima

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version

Publisher's PDF, also known as Version of record

Publication date:

2016

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Roy, A. (2016). *The development of depression in children and adolescents with ADHD*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen.

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Propositions to accompany the dissertation

The development of depression in children and adolescents with ADHD

by Arunima Roy

1. Inter-individual differences exist among children with ADHD in adjustment to the disorder (this thesis).
2. A third of all children with ADHD have developed depressive problems by late adolescence (this thesis).
3. Not only a full diagnosis of ADHD, but subthreshold ADHD too poses a significant risk for the development of depression (this thesis).
4. The development of disruptive behaviours is a stronger risk marker of future depressive problems than the development of anxiety disorders or peer problems, for both boys and girls with ADHD (this thesis).
5. Cognitive and family functioning improves over time in individuals with ADHD, but these improvements are hampered by the development of additional depressive problems (this thesis).
6. Rather than constituting a separate disorder type, the ADHD-depression association represents a comorbid condition (this thesis).
7. In future, definitions of ADHD may incorporate ‘disorder stages’, classifying affected individuals as mild, moderate or severe depending on the number and severity of negative sequelae (this thesis).

8. Regular clinical evaluations of negative sequelae, especially during transitions from childhood into adolescence or into adulthood, are important to prevent the development of depression (this thesis).
9. The most optimum route to prevent the development of depression is the timely treatment of ADHD symptoms to remission (this thesis).
10. A good cure for outgroup homogeneity is travel.
11. We often fail to acknowledge just how fortunate we are.
12. I am so clever that sometimes I don't understand a single word of what I am saying
(*Oscar Wilde*).

Wednesday, 5th October, 2016